

West Coast SSVF Launch

The Cure

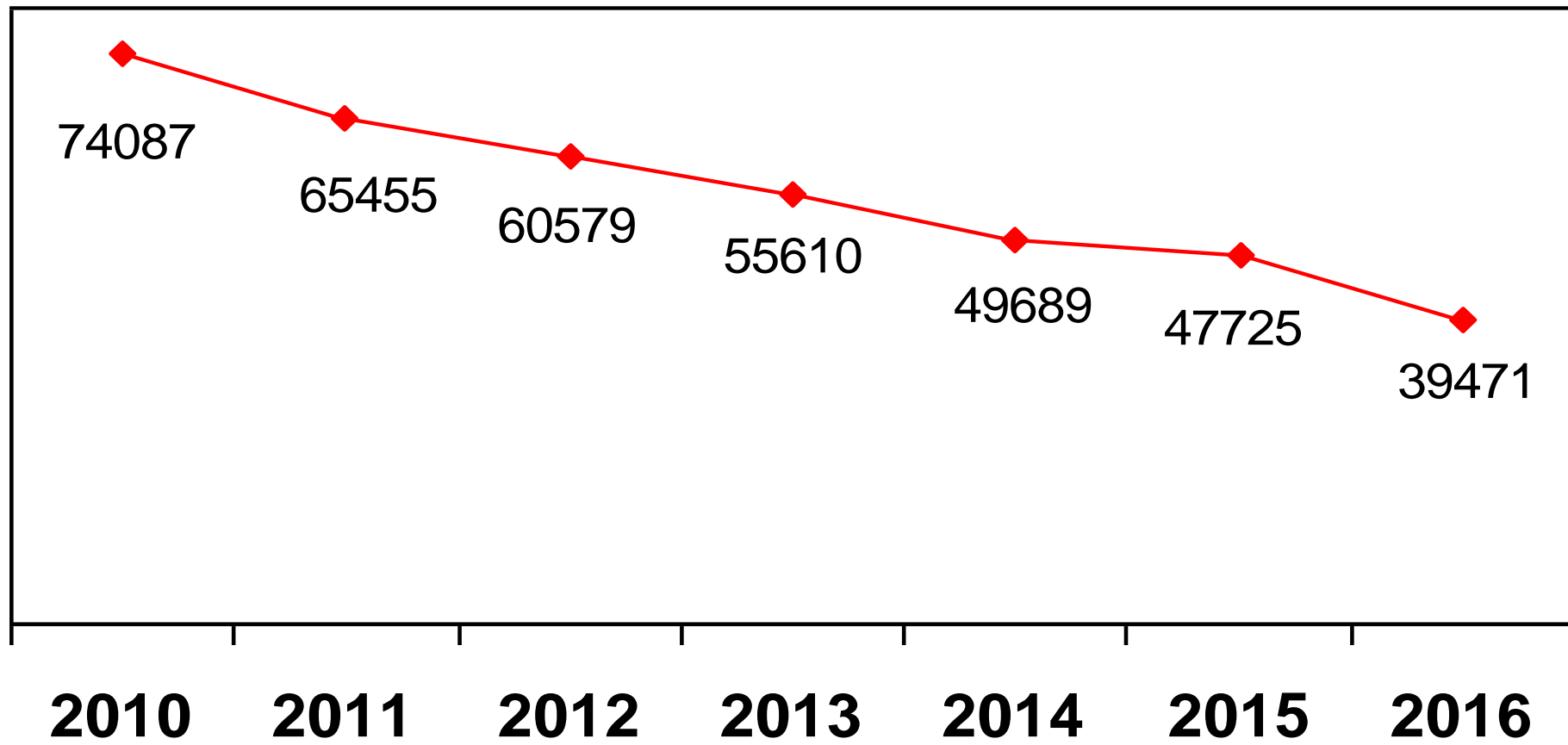
Evidence-Based Elements to End Homelessness

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Welcome!

John Kuhn, LCSW, MPH
National Director, SSVF

PIT Results

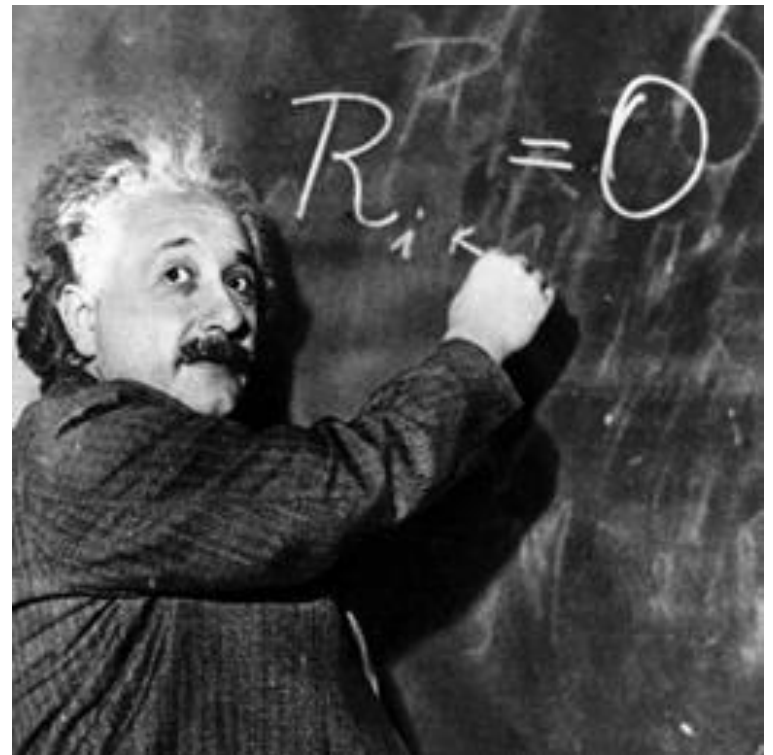


Evolution of Homeless Treatment



Discovering The Cure

- **Coordinated entry (driven by Housing First)**
- **By-name list**
- **Community planning that matches resources to need**
- **Case conferencing**



Coordinated Entry System

- Eliminate barriers to engagement, so make it quick and accessible
- Become a student of area homeless services
 - *ID needed training*
- Broad involvement to increase access
 - *Non-participants in CES don't get referrals*

By-Name List

- Data sharing (VA ROI not needed)
- Regular updates and tracking
- Essential info includes
 - Assignment
 - Contact info
 - Time homeless
 - Last update & status
 - Prioritization (score or status - chronic, family, etc)

Community Planning

Triage: What can your CoC afford to “buy”?

- Match resources to demand
 - Degree resources can overlap
 - What is available for HP
- Housing option may be triaged, best available
 - No PSH waiting list

Case Conferencing

- Informed by your BNL
- Meet and review regularly, typically 1x week
- Useful to identify system barriers
- Feedback loop to policy makers

Where to Find Resources

Community Planning Toolkit includes guides and info for BNL, community planning, and case conferencing.

www.va.gov/homeless/ssvf/index.asp?page=/ssvf_university/community_coordination_and_plans

HUD CES Requirements:

www.hudexchange.info/news/hud-publishes-coordinated-entry-requirements-and-checklist-of-essential-elements

Breaking Down Barriers



VETERAN

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What is Rapid Re-Housing

<https://www.youtube.com/watch?v=frWexyi6qAk>

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Rapid Re-Housing Standards and Accreditation

Julie Steiner, Abt Associates

Shannon Green, Director of Accreditation Programs, COA

Pete Hathaway, Managing Director, Employment and Community Services,
CARF International

Jill Albenese, SSVF (Moderator)

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Clarifications to the Federal Criteria & Benchmarks

Douglas Tetrault, Technical Assistance Collaborative

What does it mean to end homelessness?

An end to homelessness **does not mean that no one will ever experience a housing crisis again.** An end to homelessness means that every community will have a **systematic response in place** that ensures homelessness is prevented whenever possible or is otherwise a rare, brief, and non-recurring experience.

Operational Definition of an End to Homelessness

USICH

Specifically, every community will have the capacity to:

- **Quickly identify** and **engage** people at-risk of and experiencing homelessness.
- Intervene to **prevent** the loss of housing and **divert** people from entering the homelessness services system.
- Provide immediate **access to shelter and crisis services**, without barriers to entry, while permanent stable housing and appropriate supports are being secured.
- When homelessness does occur, **quickly connect people to housing** assistance and services—tailored to their unique needs, strengths and desires—to help them achieve and maintain stable housing.

Updates to the Federal Criteria and Benchmarks for Ending Veteran Homelessness

- Determined by federal partners (USICH, VA, HUD)
- For communities participating in *Mayor's Challenge* or that otherwise want *federal recognition*
- Distinct from “Functional Zero” definition
- Represent a minimum standard to measure within a defined period, but goal is ongoing assessment and improvement even once confirmed
- May be periodically updated (newest version February 2017)
- New version consolidates various guidance documents into one package

Federal Criteria for Ending Veteran Homelessness

1. The community has identified all veterans experiencing homelessness.
2. The community provides shelter immediately to any veteran experiencing unsheltered homelessness who wants it.
3. The community provides **service-intensive transitional housing** only in limited instances.
4. The community has capacity to assist veterans to swiftly move into permanent housing.
5. The community has resources, plans, and system capacity in place should any veteran become homeless or be at risk of homelessness in the future.

Federal Benchmarks for Ending Veteran Homelessness

- A. Chronic and **long-term** homelessness among veterans has been ended.
- B. Veterans have quick access to permanent housing.
- C. The community has sufficient permanent housing capacity.
- D. The community is committed to housing first and provides service-intensive transitional housing to veterans experiencing homelessness only in **limited** instances.

Unchanged Definitions

- Chronically Homeless
- Permanent Housing Intervention (consistent with HMIS)
- Veteran
- **Bridge Housing** (Clarified that Bridge clients are include in benchmark calculation)

Offer of Permanent Housing Intervention

Emphasis Added to Definition

Clarifies/Re-emphasizes:

- The offer of housing intervention offered must be immediately available (ex: enrollment to SSVF, issuance of Voucher)
- Does not require that the actual housing unit is identified
- Placement on waiting lists or general referrals not sufficient. Must be a direct offer of actual housing resources
- Clarified that ALL Veterans must be offered PH. The type of TH Veteran enters is determined by Veteran choice after PH offer

Long-Term Homeless New Definition

Long-Term Homeless: Veterans who meet length of homeless requirement to qualify as chronically homeless, but:

- The Veteran does not have a qualifying disability
- The calculation of 12 months of homelessness includes time spent in Transitional Housing. This means Veteran can become long-term homeless while in TH

Service Intensive Transitional Housing (SITH)

Expanded Definition

- Veterans who choose TH for generalized case management services are still exempt from Benchmark B (no change)
- Expanded guidance to require ongoing offers and assessment of housing options through **at least monthly review of service and housing plans/options while in SITH**
- **Added subcategory of SITH to include: TH Appropriately Addressing Clinical Need: “targeted treatment and services for specific clinical needs such as...treatment, mental health, safe haven services, or recuperative care..” (Exempted from Benchmark A and Benchmark B)**

Significant Change: Benchmark A

Chronic and long-term homelessness among Veterans has been ended.

New specification that only those **chronic or long term** homeless Veterans who choose SITH to **address an identified clinical** need are exempt from Benchmark A.

- Long Term/Chronic Veterans who enter for general case management services (even if after PH offer declined) no longer exempt from Benchmark A
- Communities must end chronic AND Long-Term Homelessness
- Veterans **age-into long term** homelessness while in TH unless housed before timeline triggers designation
- Re-emphasizes need to expedite PH placements from TH for those who do not have a clinical need and do not express a desire for clinical services
- Emphasizes need to ensure no Veterans are unnecessarily homeless, including in Transitional Housing, for long periods of time, regardless of disability status

Significant Change: Benchmark D

The community is committed to Housing First and provides service-intensive transitional housing to Veterans experiencing homelessness only in limited instances.

Number of Veterans experiencing homelessness who enter service-intensive transitional housing is **significantly less** than the number of Veterans entering homelessness.

- Previous version required Veterans entering SITH to be less than the number of Veterans becoming homeless, but only required a difference of one (1)
- Now, **Federal Partners will have discretion** in determining Benchmark success based on broader system data and localized conditions.

Other Noteworthy Highlights

- Heavy emphasis on **exemptions/exceptions being rare**. Don't try to find ways to exempt Veterans – find ways to house them quickly!
- Sets expectation that communities engage in **ongoing review, evaluation and improvement** efforts even once confirmed by Federal Partners – A milestone, not an end goal.
- Notes that Federal Review looks at entire system and other data points specific to the community. **Community may meet Benchmarks and not be confirmed** if the system in place doesn't seem truly adequate to meet the Federal vision.
- Emphasizes that “housing offers”, and Veteran decisions based on those offers, should be **documented through a transparent, coordinated process**.

Updates to Master List Template Generation Tool and other guidance coming soon. Don't be afraid to ask for help: SSVF and other TA available. Ask your RC for TA connection.

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Promising Practice Panel

Megan Podowski, Caritas, Austin Texas

Alex Glover, Transition Projects; Multnomah County (Portland).

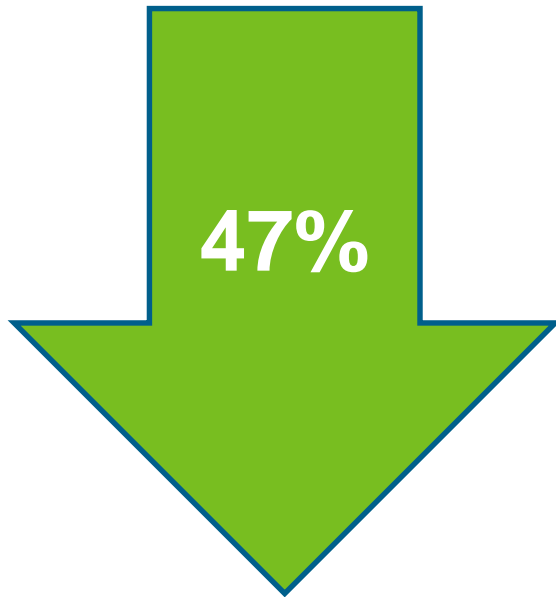
Julie Steiner, Abt Associates (Moderator)

Criteria & Benchmarks

- Criteria examine a community's crisis response system to determine if the system is operating within the context of key principles such as Housing First, immediate access to low barrier shelter, quick access to permanent housing, and limited use of service intensive transitional housing.
- Benchmarks are data points that “prove” the system's alignment with criteria.

Our Results (2010-2016)

Veteran Homelessness



Mayors Challenge

38 communities
confirmed (as of
1/6/2017)

- 3 states
- 35 communities

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Megan Podowski, Caritas, Austin Texas

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Designing Systems that Continually End Homelessness Among Veterans

Ashley Mann-McLellan, Technical Assistance Collaborative

Joyce Probst-MacAlpine, Abt Associates

How does a Homeless Crisis Response System “End Homelessness”?

- INTERNAL: Organize assistance across providers to assure homelessness is rare, brief, and non-recurring for people in the community – *optimize* system functions & performance

Optimization: an act, process, or methodology of making something (as a design, system, or decision) as fully perfect, functional, or effective as possible.

-Merriam-Webster Dictionary

- EXTERNAL: Advocate for community response and resources to prevent homelessness – including within other public systems of care

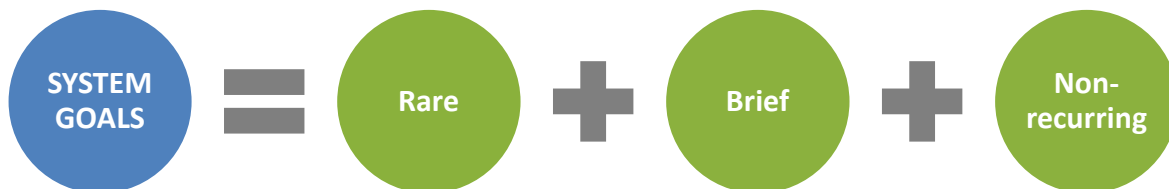
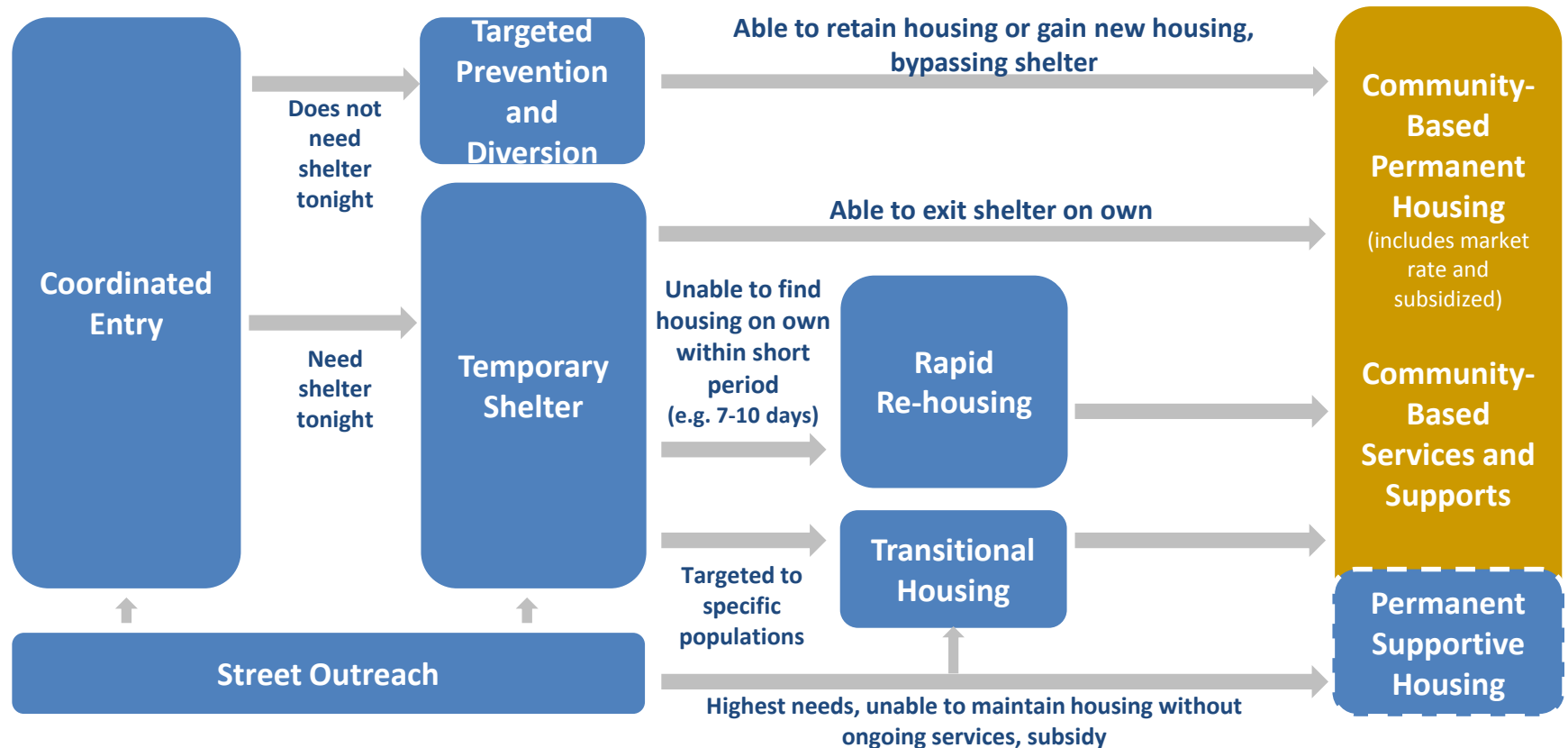
Homeless Crisis Response System

4 Basic Functions to Optimize



HOMELESS CRISIS RESPONSE SYSTEM

General Components & Client Flow



Getting from here to there...

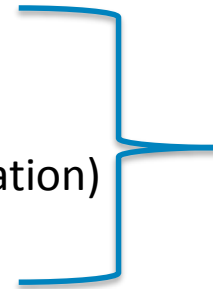


Approach to System Assessment and Improvement

✓ Identify Current System Components, Providers and Client Flow

– System components and providers within each component

- Street outreach
- System entry points
- Emergency shelter
- Transitional housing, including GPD
- Rapid re-housing (and system navigation)
- Permanent supportive housing
- Homelessness prevention



TIP:

Use most recent Housing Inventory Count (HIC) from CoC to ID

– General client flow between components

– Data collection

Approach to System Assessment and Improvement

✓ **Design Desired System**

- Common vision of what system *should* look like, what Veterans *should* experience, relative to the Federal Criteria and Benchmarks.

✓ **Identify System Gaps and Changes Needed to Achieve Desired System**

- Key gaps and/or changes needed to achieve desired system.

✓ **Develop Action Plan by Component to Address Gaps/Changes**

- Key actions (including roles, timelines and management approach) necessary to make system changes, develop new processes, fill gaps, etc., and begin implementing changes.

✓ **Document Plans and Agreements**

- Written system-wide policies and general procedures relative to each system component.

TIP:
Identify and
address
system
staffing needs

Approach to System Assessment and Improvement

- ✓ **Establish Performance Measures and Targets**
 - Start with Federal Criteria and Benchmarks. Determine a goal or target for each measure.
- ✓ **Implement the Re-Designed System**
 - Train staff, system partners on re-designed system, provider roles, protocols, responsibilities, new forms, etc., and begin implementation.
- ✓ **Monitor, Evaluate & Improve Performance**
 - Examine performance and related client flow/process efficiencies. Monitor implementation of agreed upon processes and accountabilities. Identify system and program improvements needed; update and execute action plan.

Assessing your System: *Example Questions*



Across the system and all components/providers...

- **Data Collection**
 - Is the desire/goal to use HMIS as much as possible for data collection & list generation?
 - Is essential data collected?
 - Which providers don't participate in HMIS? How do they provide data for active list?
- **Accessibility**
 - Are there eligibility limitations? If so, what are they specifically?
 - Are programs low-barrier (i.e., can a Veteran access if intoxicated? If previously stayed? Income or other restrictions?)?

Assessing your System: *Example Questions*



By component and provider...

- **Street outreach**
 - Is outreach comprehensive and routine, covering all ‘known locations’ and other potential locations via outreach or community partners (e.g., law enforcement, city service staff, hot meal programs)? Are there gaps?
 - Is every unsheltered Veteran immediately offered access to (and assistance to access) low-barrier shelter? *What are the basic process steps?*
- **System entry points**
 - Are Veterans screened for other safe housing options to avoid shelter admission?
 - How can diversion screening and practices be improved?
- **Emergency shelter**
 - If coordinated entry not implemented, what is the protocol for immediately connecting potentially eligible Veterans to appropriate PH programs including SSVF, HUD-VASH and other RRH or PSH options?

Assessing your System: *Example Questions*



- Transitional housing, including GPD
 - Are more intensive GPD/TH services targeted to Veterans who need/want it?
 - Are Veterans always first offered a PH intervention prior to admission?
- Rapid re-housing (and system navigation)
 - Is there a protocol for using SSVF or other RRH or PH assistance as a bridge to quickly house a Veteran when they are awaiting a permanent housing subsidy (e.g., HUD-VASH not immediately available)?
 - Is there a protocol for connecting a Veteran to another PH intervention if RRH is not available, the Veteran is ineligible, or the Veteran refuses and desires another form of PH assistance?
- Permanent supportive housing
 - Is HUD-VASH dedicated or targeted to literally homeless Veterans?
 - Is HUD-VASH prioritized for chronically homeless Veterans?
- Homelessness prevention
 - Is SSVF HP assistance targeted to Veterans who are screened and diverted from shelter?

Does your *system* have what it takes?

- Are you meeting Federal Criteria by employing evidence-based system and program practices?
- Are you meeting Federal performance benchmarks (and do you have the data to know)?
- Is your system built to last?
- Is it time to step back and re-design your system with partners?



Improving your System: Example Focus Areas

Criteria 1:

- Examine entry points to ensure efficient processes
- Develop coordinated outreach plan
- Ensure efficient Master List management protocol

Criteria 2:

- Develop process to ensure low barrier shelter is available to all Veterans
- Develop training opportunities for intake and front line staff

Criteria 3:

- Train entry point staff on permanent housing offer
- Incorporate GPD and other TH programs into coordinated entry system

Improving your System: Example Focus Areas

Criteria 4:

- Develop expectations for coordination between shelter/transitional housing providers and RRH/PSH providers
- Review current demand trends and resources

Criteria 5:

- Redesign case conferencing meetings to improve effectiveness
- Develop diversion processes at entry points
- Targeted Homelessness Prevention Services

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The Cure

Evidence-Based Elements to End Homelessness

WHERE TO? DEEPER DIVE SESSIONS

Main Conference Building (this building):

- Colorado A
- Colorado B
- Grays Peak
- Maroon Peak
- Mt. Columbia (one floor up the escalator)

Atrium Building (across the drive and up to the 2nd floor)

- Pikes Peak
- Mt. Elbert A
- Mt. Elbert B

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The Cure

Evidence-Based Elements to End Homelessness

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National Program Leads

Eileen Devine, National Director, HCHV

Jesse Vazzano, National Director, HUD-VASH

John Kuhn, National Director, SSVF

Baylee Crone, Executive Director, National Coalition for Homeless Veterans
(Moderator)

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Rapid Re-Housing Can End Homelessness

<https://www.youtube.com/watch?v=ZD1C2s9Zxt4>

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By Name or Master List Management

Supporting the Goal of Ending Homelessness Among Veterans

Shelby Ridley, Primary Health Care Inc

Mary Schmock, Indianhead Community Action Agency

Gerrit Nyland, Catholic Community Services/Family Housing Network

Matt White, Abt Associates (Moderator)

Master List

Core Design Features

- ✓ Compiles all existing data to create a centralized list – HMIS, HOMES, VA, outreach records, mainstream systems
- ✓ All known veterans experiencing homelessness in the CoC are on the list
- ✓ Dynamically updates veterans' progress towards permanent housing
- ✓ Basic elements for Benchmarks and Criteria are included
- ✓ Coordinates service delivery among all community partners – part of regular case conferencing meetings
- ✓ Measures progress towards local community goals; identifies any system bottlenecks or barriers



Considerations for **Creating** your List

- ✓ **Involve all stakeholders**
- ✓ **Establish timeline for development**
- ✓ **Include all available data**
- ✓ **Ensure Privacy and Confidentiality**
- ✓ **Define list Data Elements**
- ✓ **Identify all Veterans**

Question for the Panel...

How has Master List design evolved from the initial stages of development to the list you have in place currently?

Considerations for **Managing** your List

- ✓ **List Manager**
- ✓ **Define work flow**
- ✓ **Flexibility**
- ✓ **Technology (HMIS)**
- ✓ **Management protocols**

Question for the Panel...

What major obstacle or barrier with List management have you been able to overcome? How did you do it?

Considerations for **Uses** of your List

- ✓ **Case Conferencing**
- ✓ **Prioritization**
- ✓ **System evaluation**
- ✓ **Continuous quality improvement**
- ✓ **Tracking connections to mainstream resources**

Question for the Panel...

**What new or alternative uses
have you identified for your List?**

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Creative Uses of SSVF to Support System Operations

Bridget Gooden, Family Endeavors, Dallas TX

Rebecca Cox, Metro Dallas Homeless Alliance

Elaine DeColigney, EveryOne Home, Alameda County CoC

Natalie Silva, SSVF Berkeley Food and Housing Project, Alameda, Contra Costa and Solano Counties

Megan Morales, Volunteers of America Colorado

Kelli Forney, Central Nebraska Community Action Partnership, Loup City NB


Rayme Nuckles & Jill Albanese, SSVF (Moderators)

DALLAS, TX



DALLAS TX





Operation Vets Home (OVH)

ALAMEDA COUNTY, CALIFORNIA

Who we are

- ▶ In early 2015, EveryOne Home (CoC), SSVF grantee agencies, and the U.S. Dept. of Veteran Affairs formed the collaborative **Operation Vets Home** to implement the local initiative to end veteran homelessness.
- ▶ The Alameda SSVF providers decided to fund a position at the COC to tackle the issue at the system level. Grantees pay based on their capacity in Alameda County. This contract funds a full time position to facilitate the coordination efforts.
- ▶ Through this collaborative, OVH created a by-name list of all homeless veterans in the county through HMIS reports and ongoing data monitoring and reporting from SSVF providers. This has been used as a model in the nearby counties.

Who is involved ?

- ▶ Everyone Home (COC)
- ▶ SSVF Grantees
 - ▶ Berkeley Food and Housing Project
 - ▶ East Bay Community Recovery Project
 - ▶ Swords to Plowshares
 - ▶ East Oakland Community Project
- ▶ Homeless Services, VA Northern California Health Care System
- ▶ Abode Services and Operation Dignity

What we do

▶ **Weekly meetings**

- ▶ Alternate between service coordination and broader policy discussion

▶ **Referrals**

- ▶ Submit an OVH referral packet on-line through COC website to get matched to a provider

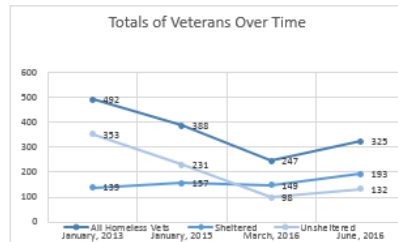
▶ **Quarterly progress reports**

- ▶ Tracking where we are in our goals

▶ **By-Name List updates**

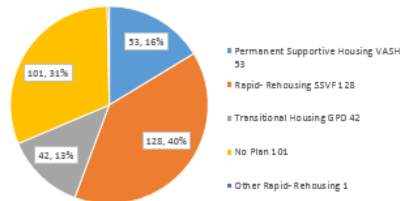
Operation Vets Home Progress Dashboard June 30, 2016

6/30/16 Point in Time Total of Homeless Veterans	325
Veterans Housed in last 90 days	52



34% Drop since January 2013
16% Drop since January 2015

Permanent Housing Plans for Homeless Veterans June 30, 2016



Federal Benchmark Tool – April 1, 2016 to June 30, 2016

A. Benchmark A – Ending chronic homelessness among veterans

A. Have you ended chronic homelessness among Veterans in your community?		STATUS	
Target: One chronically homeless veteran as of date of review, with exceptions indicated below.			
Estimated Group One	Total number of chronically homeless Veterans who are not in permanent housing as of end date above	151	A1
Estimated Group Two	Total number of chronically homeless Veterans who have been placed in permanent housing during the 90-day period ending on the date of review, with exceptions indicated below	2	A2
Estimated Group Three	Total number of chronically homeless Veterans who have been placed in permanent housing during the 90-day period ending on the date of review, with exceptions indicated below	14	A3
Estimated Group Four	Total number of chronically homeless Veterans who have been placed in permanent housing during the 90-day period ending on the date of review, with exceptions indicated below	14	A4
Total Chronically Homeless Veterans - Total Number of Veterans in Permanent Housing		137	
Benchmark A achieved?		No	

B. Benchmark B – Access to permanent housing

B. Do Veterans have quick access to permanent housing?	
Target: For homeless Veterans placed in shelter or SSVF, with exceptions indicated below, the average time from date of identification to date of placement in permanent housing should be less than 90 days.	
Total number of Veterans who moved in	151
Operation SSVF Veterans who moved in	151
Operation SSVF Veterans who moved in	151
Total number of Veterans who moved in	151
Total number of days it takes to move in	151
Operation SSVF Veterans who moved in	151
Operation SSVF Veterans who moved in	151
Total number of days it takes to move in	151

C. Benchmark C – Housing

C. Does the community have a target in the last 90 days, the total number of newly identified homeless?

The total number of Veterans exiting for	151
The total number of newly identified	151

8 OVH PARTNER PROGRESS REPORT

Section 3 – Housing

A. Housing Placements

Section 3, part A compares the number of veterans who exit literal homeless to a permanent housing destination via the SSVF program of an individual partner to the **systemwide** total housing placements and our **systemwide** target.

Figure 3 is a comparison between the number of housed Veterans within two 90-day look-backs that have occurred in the period of this report, January 1, 2016 through June 30th, 2016.

- The **systemwide** target is based on whose date of identification falls
- Actual **systemwide** placements, organizations in Alameda County housing placements made by VA county, as well as SSVF provider
- Your organization's average, follows the same logic as the system-wide average but represents the total number of Veterans enrolled in your SSVF program specifically. This includes those housed with VASH vouchers.

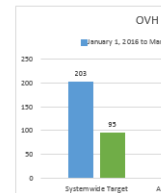


Figure 3. Source: AL Benchmark Generation in benchmark C of the Benchmark Generation

¹ Note that the 'date of identification' refers to the date in the **CoC**, or at any other point of homelessness system - those who may have been homeless previously but were not identified as such.

B. Analysis

Figure 3 shows that between January 1, 2016 and June 30, 2016 BRHP has placed 7 out of 21 enrolled Veterans into permanent housing (33 percent of total enrollments). BRHP's total housing placements during this time represents 5 percent of the total **systemwide** placements.

C. Time from Date of Identification to Date of Housing

Section 3, Part B looks at the average length of time from the date a veteran is identified¹ to the date a veteran is housed. It compares the initiative wide goal to the actual initiative wide average, and to the individual partner average.

Figure 4 shows a comparison between the average length from identification to housing placements for Veterans housed within the two 90-day look-backs that have occurred in the period of this report, January 1, 2016 through March 31st, 2016 and April 1, 2016 through June 30th, 2016.

- The system-wide goal is static and based on the guidelines set out by the Federal partners and the VA, to house a literally homeless Veteran within 90 days of their identification date.
- The system-wide average, is the total number of Veterans housed within each of the represented 90 day periods divided into the total number of days from date of identification to date of housing placement.
- Your organization's average, follows the same logic as the system-wide average but represents the total number of Veterans enrolled in your SSVF program specifically. This includes those housed with VASH vouchers.

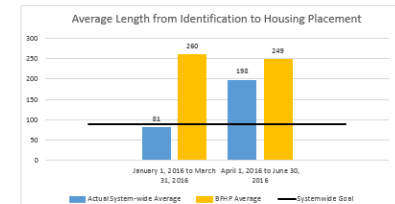


Figure 4. Source: MC Benchmark Generation Tool v1.2, 6/30/2016

AMERICORPS VISTA



“Volunteers in Service to America”

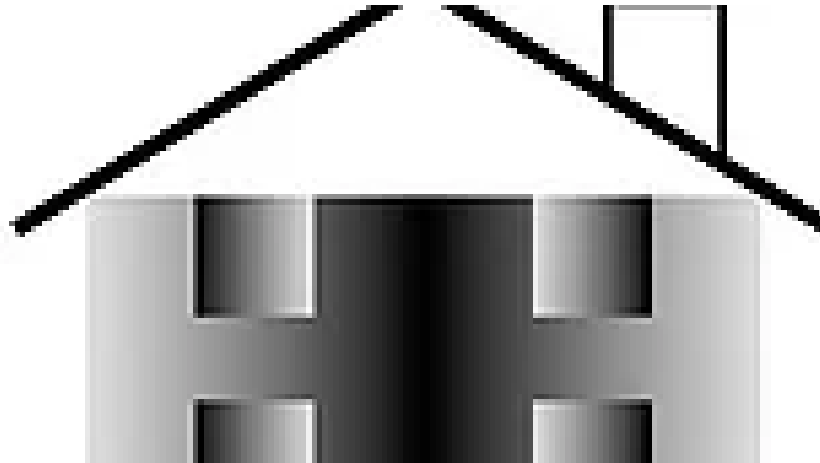
Established in 1965 as a national service program to fight poverty in America

A year-long full-time commitment to serving at a non-profit or public agency on a specific project

Focus on building the organizational, financial and administrative capacity of their sponsor organization

HEADING HOME

A collaboration of individuals, public service, and faith-based organizations from the community determined to end homelessness in Jefferson County



THE RISING CHURCH



HOUSE OF PURPOSE CHURCH



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Closing Plenary:

Key Themes

Q&A

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THANK YOU!!